

## INCOME CONTINUATION INSURANCE REPORT OF EMPLOYMENT AND EARNINGS

Wis. Stat. § 40.61

	Social Security Number
Employee Name (Last, First, Middle, Maiden)	Birthdate (MM/DD/CCYY)
Employer Name	Employer Number

MM/DD/CCYY

- ☐ Returned to full-time employment \_\_\_\_\_
- ☐ Will not be returning to work effective  
(State reason for not returning in Comments section below) \_\_\_\_\_
- ☐ Death          Date of death \_\_\_\_\_
- ☐ Returned to part-time employment \_\_\_\_\_
- Part-time work will continue until (attach a copy of the release to return to work) \_\_\_\_\_
- Part-time work expressed as a percentage of full-time employment \_\_\_\_\_ %

Check Date:

Check Date:		HOURS	GROSS EARNINGS	Claims Administrator USE ONLY:	
<b>Section A</b>	Present At Work		\$		
	Vacation Paid		\$		
	Holiday(s) Paid		\$		
	TOTAL		\$	X 75% =	\$
<b>Section B</b>	Earned Sick Leave (State Employees Only)		\$	X 100% =	\$
	Paid Sick Leave (Local Employees Only)		\$	X 100% =	\$
<b>Section C</b>	Paid vacation, holiday or comp. time after the elimination period but prior to returning to work (State and Local Employees)		\$	X 100% =	\$
<b>Section D</b>	Sick Leave Used (State Employees Only)			TOTAL ICI OFFSET	\$

Comments:

Worker's Compensation:

Date (MM/DD/CCYY)	Signature of Employer Representative	Telephone Number (      )
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Refer to instructions on the attached sheet.

Mail to: ETF, P.O. Box 7931, Madison WI 53707-7931  
FAX to: ETF (608) 267-0633  
or e-mail to ETF at: ETFWEB@etf.state.wi.us

## **INSTRUCTIONS FOR COMPLETING THE EMPLOYEE'S EARNINGS ON THE INCOME CONTINUATION INSURANCE REPORT OF EMPLOYMENT AND EARNINGS FORM (ET-5901)**

You must complete the *Income Continuation Insurance Report of Employment and Earnings* form (ET-5901) to notify the Department of Employee Trust Funds of a claimant's change in work status and/or earnings paid to the individual after the elimination period. An ET-5901 needs to be completed for each check date for as long as the ICI claimant works part-time or receives earnings for vacation, holiday or comp. time after their Income Continuation Insurance (ICI) elimination period.

Benefits may be adjusted or terminated when one of the following events occur for an employee who is receiving an ICI benefit:

- The employee returns to full-time employment.
- The employee returns to part-time employment.
- The employee will not be returning to work.
- The employee dies.
- Any earnings for vacation, sick leave, comp time, etc., are paid after the employee's selected elimination period or sick leave earned after the elimination period for State employees who have returned to part-time employment.
- Any worker's compensation benefits, temporary disability benefits or compromise agreement/settlements are paid.

If the employee resumes part-time work and increases to full-time within the same reporting period, the dates and amount of part-time earnings must be reported as well as the date full-time employment was resumed.

Special Instructions for Reporting Actual Work Hours, Wages, and Earnings for vacation, holiday, comp. time and Worker's Compensation (WC) Temporary Benefits.

Complete:

**Section A** of the form to report earnings paid for part-time employment. If the claimant uses vacation, holiday or comp. time while working part-time, you need to report the earnings separately on the form. The ICI benefit is offset by 75% of the earnings paid for "Present At Work", Vacation, Holiday or Comp. Time (State and Local Employees).

**Section B** to report Earned Sick Leave (State Employees), Paid Sick Leave After Elimination Period (Local Employees). ICI benefits are offset 100% of the applicable sick leave.

**Section C** to report earnings for Vacation, Holiday or Comp. Time paid to the ICI claimant after the elimination period but prior to returning to part-time or full-time employment. The ICI benefit is reduced by 100% of these earnings.

**Section D** to report Sick Leave Used (State Employees Only) for an ICI claimant who has returned to part-time employment and due to their medical condition is required to be out of work and use sick leave. Submit any physician's statement which takes the employee out of work.

WC Temporary benefits (TTD or TPD) are to be reported based on the period covered – not the date of the WC check.